



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit: 3744
Examiner: Gene Louis Bankhead

IFW

re Application of: Richard J. Petschauer
Title: Outside Temperature Humidity Compensation
Serial No.: 10/796,516
Filed: 3/9/04
Docket No.: 6817
Customer # 27516

Date: December 27, 2006

Commissioner for Patents
MS Amendment
P O Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith is an amendment for this application. Applicant is a small entity.

EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply.

- (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d)) for the total number of months checked below:

Extension <u>(months)</u>	Fee for other than <u>small entity</u>	
<input type="checkbox"/> one month	\$ 60.00	01/04/2007 HDEMESS1 00000033 10796516
<input checked="" type="checkbox"/> two months	\$ 225.00	01 FC:2252 225.00 0P
<input type="checkbox"/> three months	\$ 510.00	
<input type="checkbox"/> four months	\$ 795.00	
<input type="checkbox"/> five months	\$ 1,080.00	

Fee \$225.00

If an additional extension of time is required, please consider this a petition therefore.

- An extension for ___ months has already been secured and the fee paid therefore of \$ ___ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

- (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.

FEES

The fee for Claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

FEE FOR CLAIMS CALCULATION			
Claims Remaining After Amendment	Highest No. Previously Paid For	Rate	Additional Fee
Total Claims ____ -	(if < 20, enter 20) ____ = ____ X	\$25.00	\$
Independent Claims ____ -	(if < 3, enter 3) ____ = ____ X	\$100.00	\$
First Presentation of Multiple dependent claims if any	+ _____		\$
Filing fee calculation			\$

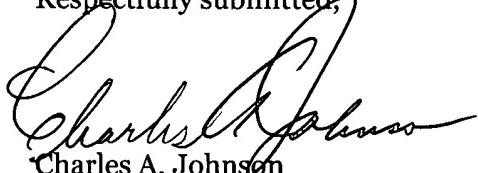
- Total additional fee for Claims required \$
 No additional fee for claims is required.

FEE PAYMENT

Enclosed is a check in the amount of \$225.00 to cover the Two-Month Extension of Time fee.

A duplicate of this transmittal is attached.

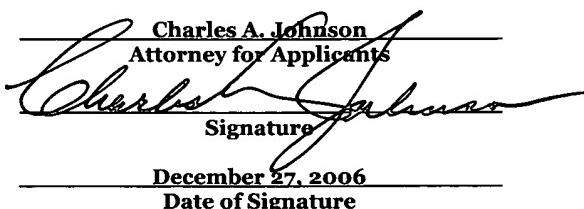
Respectfully submitted,



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CAJ

I hereby certify that this correspondence is being deposited in the United States Postal Service as first class mail in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 27, 2006.



Charles A. Johnson
Attorney for Applicants
Signature
December 27, 2006
Date of Signature